242831

====COVER PAGE====

TO:

Janua Public Server Commercia of SC

FAX: 1-803-846-5**199**

FROM:

Havie Williams / Havis Line & Jaxi

FAX: 843.825.6327

TEL: 843.825.3696

#PAGE(S) TO FOLLOW

COMMENT:

Contact number 843-709-4276

STATE OF SOUTH CAROLINA) (Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo))))	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA TRANSPORTATION COVER SHEET DOCKET NUMBER: 1999 - 138 - If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.			
(Please type or print) Submitted by: Harrie Williams	Telephone: 843 709 42 76			
Address: POBox 221	Fax: 8438256327			
Bonneau SC	Other:			
29431	Email: Shelia Williams @ tds.net			
NOTE: The cover sheet and information contained horein neither replace as required by law. This form is required for use by the Public Service C be filled out completely.	ommission of South Carolina for the purpose of docketing and must			
NATURE OF ACTION	(Check all that apply)			
Application - Class A/A Restricted	Request for Name Change on Certificate			
Application - Class C Taxi	Request to Amend Scope of Authority			
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)			
Application - Class C Charter Bus	Request to Amend Passenger Limit			
Application - Class C Non-Emergency	Request			
Application - Class C Stretcher Van	Exhibit			
Application - Class E Household Goods	Late-Filed Exhibit			
Application - Class E Hazardous Waste	Letter			
Application	Proposed Order			
Request for Extension to Comply with Order	Publisher's Affidavit			
Request for Order Granting Authority to Obtain a Certificate	Reservation Letter			
of Public Convenience and Necessity to be Rescinded	Response			
Request for Cancellation of Certificate	Return to Petition			
Request for Suspension	Other:			
Request for Reinstatement				
If you have any questions about this form, please contact the P	UBLIC SERVICE COMMISSION at 803-896-5100.			

CLASS C AMENDMENT FORM							
rile the original with:	Mail or fax a copy to:						
Public Service Commission of South Carolina Clerk's Office	S.C. Office of Regulatory Staff						
Motor Carrier Matters	Transportation Department 1401 Main Street, Suite 900						
P.O. Box 11649 Columbia, S.C. 29211	Columbia, S.C. 29201						
(803) 896 - 5100 FAX (803) 896-5199	(803) 737-0578 FAX (803) 737-0815						
DATE: April 10, 2013							
I have the following Certificate:							
Class C Taxi # 6750 - A Class C Charter	# Class C Charter Bus #						
Class C Non-Emergency #							
Please consider this as my request for the following	IQ amendment(s) to my Certificate:						
Name Change	o amount of the my oblimbate.						
From: Harvie's Limo & Taxi Service Ind	DBA:						
(Current Name)	(Current DBA if applicable)						
TO: Chariot Express, Inc. DE	JA:						
(New Namé)	(New DBA if applicable)						
Scope of Authority							
From: Statewide T	o: Statewide						
(Current Scope)	(New Scope)						
Passenger Limit	(
F7	o: %						
(Current Limit Number)	(New Limit Number)						
, and the second se	(13.1)						
Charist Express von	PAR . AAI						
Name & DBA if DBA is applicable)	ヤのBox 221 (Street and/or Mailing Address)						
78.	(Jacob dirayor Hairing Address)						
Bonneau SC 29431	Hanes William						
(City, State, Zip Code)	(Signature)						
843 7094276	Owner						
(Telephone Number)	(Title) Owner, President, etc.						

Revised 3-2-10

CERTIFIED TO BE A TRUE AND CORRECT COPY AS TAKEN FROM AND COMPARED WITH THE ORIGINAL ON FILE IN THIS OFFICE

APR 1 0 2013

STATE OF SOUTH CAROLINA **SECRETARY OF STATE**

SECRETARY OF STATE OF SOUTH CAROUN.

ARTICLES OF AMENDMENT

TYPE OR PRINT CLEARLY IN BLACK INK

corporation adopt	s the following Art	icles of Amendmen	a Code of Laws, as am it to its Articles of Incom	poration:	-	
1. The name of the	ne corporation is _	Harves L	ince Trexis	Service	· Inc.	
2. Date of Incorp	oration Oct	21 199	9			
3. Agent's Name	and Address	harvie h	Mans P	OBY T	10 St. Ste	Ohencs
4. On <u>(人り</u> を) Articles of Indorpo	oration: (Type or a	he corporation add tach the complete	pted the following Ame text of each Amendme	ndment (s) of	fits	29417
Name	Chang	€.				
Cha	riot Exi	e. Press Inc	S .			
cancellation of	i not set forth in the If issued shares pr sert "not applicable	ovided for in the Ar	hich any exchange, rec mendment shall be effe	dassification, cted, is as fol	or ilows: (if not	
a. Ame	endment(s) adopte e date of adoption	ever is applicable. d by shareholder a of the Amendmen	t, the number of outstai	nding shares	of each voting	
grou	p entitled to vote a Number of	eperately on the A Number of	mendment, and the vol Number of Votes		ores was:	
Voting <u>Group</u>	Outstanding Shares	Votes Entitled to be Cast	Represented at the meeting		hares or Against	

130410-0308 FILED: 04/10/2013 CHARIOT EXPRESS INC.

South Carolina Secretary of State

Mark Hammond

<<

Chariot

*NOTE: Pursuant to Section 33-10-106(6)(i) of the 1976 South Caroling Code of Laws, as amended, the corporation can alternatively state the total number of disputed shares cast for the amendment by each voting group together with a statement that the number of cast for the amendment by each voting group was sufficient for approval by that voting group.

b. I The Amendment(s) was duly adopted by the incorporators or board of directors without shareholder approval pursuant to Section 33-6-102(d), 33-10-102 and 33-10-105 of the 1976 South Carolina Code of Laws, as amended, and shareholder action was not required.

7. Unless a delayed dated is specified, the effective date of these Articles of Amendment shall be the date of acceptance for filing by the Secretary of State (See Section 33-1-230(b) of 1976 South Carolina Code of Laws, as amended)

Date ADRL 10, 243

FILING INSTRUCTIONS

- 1. Two copies of this form, the original and either a duplicate original or a conformed copy, must by filed.
- 2. If the space in this form is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form.
- 3. Filling fees and taxes payable to the Secretary of State at time of filing application.

Filling Fee Filing tax Total

\$10.00 \$100.00 \$110.00

Return to: Secretary of State 1205 Pendleton Street, Suite 525

Columbia, SC 29201

DOM-ARTICLES OF AMENDMENT.doc

Form Revised by South Carolina Secretary of State, September 2010

Liams - President